PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

pplication or Docket Number
09/837844

CLAIMS AS FILED - PART I						;	SMALL ENTITY			OTHER THAN						
			(Column 1)		(Column 2)		•	TYPE		OR	SMALL ENTITY					
TOTAL CLAIMS			109					RATE	FEE		RATE	FEE				
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00				
TOTAL CHARGEABLE CLAIMS			/04 minus 20=		•			X\$ 9=		OR	X\$18=					
IND	EPENDENT CL	AIMS	/ minus 3 =		•			X40=		OR	X80=					
MULTIPLE DEPENDENT CLAIM PRESENT								+135= .		OR	+270=					
* If the difference in column 1 is less than zero, ent					r "0" in c	olumn 2		TOTAL		OR	TOTAL					
CLAIMS AS AMENDED - PART II								'			OTHER	THAN				
12-23-05 (Column 1) (Column 2)					mn 2)	(Column 3)		SMALL E	ENTITY	OR	SMALL					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
NON	Total	. 108	Minus	• 10	09	=		X\$ 9=		OR	X\$18=					
AME	Independent	・ ム NTATION OF M	Minus	***	3	- 1		X40=		OR	**************************************	ನಿಕ್ಕ				
	FIRST PRESE	NIATION OF MI	ULTIPLE DEP	ENDEN	CLAIM]	+135=		OR	+270=					
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	<u> </u>				
		(Column 1)		_(Colu	mn_2)	(Column 3)	<u>.</u>									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
M	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=					
AME	Independent	·	Minus	***		= :	4	X40=		OR	X80=					
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		J	+135=		OR	+270=					
						•		TOTAL ADDIT, FEE	-	OR	TOTAL ADDIT, FEE					
	(Column 1) (Column 2) (Column 3)															
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
AMENDMENT C	Total	•	Minus	**		=		X\$ 9=		ÓR	X\$18=	•				
	Independent	NTATION OF M	Minus	***	T CL AIL	-	┨┃	X40=		OR	X80=					
┞	THS! PHESE	J	+135=		OR	+270=										
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.																
-	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE															

DEC 2 8 2005

PTO/5B/17 (12-04/2)
Approved for use through 07/31/2008, ONB 0661-0032
U.S. Pedent and Trademark Office; U.S. DEPARTMENT OF COMMERCE flootion of information unless it disclare a valid CMR control number

Under the Paperwork Reduction Act of 1995 so centaria are required to meaned to a collection of information unless it displaces a valid CMR control number. Complete if Known											
Fees pursuant to the C	Effective on 12/08	/2004. 	OLR. 4818).		<u>/m</u>						
	TRAN			Application Num		837,844					
, ree		Filing Date First Named Inve		118, 2001							
	For FY 2005					ian Yap					
Annimant ctaim	s small entity stat	See 37 CFI	R 1.27	Examiner Name	 	RAMAN, Usha					
				Art Unit		2617					
TOTAL AMOUNT O	F PAYMENT ((\$) 13	30	Attorney Docket	No. PD-	PD-200297					
METHOD OF PA	VMENT (check	all that apply)									
Check (Check Credit Card Money Order None Other (please identify):										
Deposit Acor	nunt Deposit Acco	aunt Number:_50	-0383				TV Group, Inc.				
For the abov	e-Identified depor	sit account, the (Olrector is he	reby authorized to:							
✓ Charg	e fee(a) indicated	below		Cherg	e fee(s) indic	cated below, ex	ccept for the filing fee				
	e any additional i	fee(s) or underpa	ayments of fr	= -	any overpay						
WARNING: Informatio	27 CED 1 18 and	4 1 47				•	rovide credit card				
Information and author	rteston on PTO-2)38.									
FEE CALCULAT	ION										
1. BASIC FILING	, SEARCH, AN	D EXAMINAT	ION FEES	 .							
ļ	FILIN	G FEES Small Entity	SEA	RCH FEES Small Entity		ATION FEES Small Entity					
Application Tyr	20 Fee (\$) <u>Fee (\$)</u>	Fog (S) Fee (\$)	Fge (3)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLA							Small Entity				
Fee Description		- Daissuss)				Fee (\$) 50	Fee (\$) 25				
	er 20 (including) minempe)			200	100				
Multiple depe	dent claim over	3 (mennank r	(CISSUES)			260 360	180				
Total Claims	endent ciators Extra C	izims Fee	(S) F	ee Paid (\$)			Dependent Claims				
- 20	or HP =	x				Fee (S)	Fee Paid (5)				
HP = highest numb	er of total claims pa										
Indep. Claims	<u>Extra C</u> r KP =	<u>ialms </u>	512)	o Pald (5)			-				
	er of independent of	aims paid for, ¥ gr	eater than 3.								
3. APPLICATION	N SIZE FEE	1.00		4 -1-1!	•						
If the specificat	ion and drawin	gs exceed 100	sheets of p	aper (excluding	SISCUPPINGE.	lly nica sequ	ence or computer or each additional 50				
listings uno	27 CFK 1.34	(e)), the applie	2010D 31Z5 1	با حديد 15 على 50). ا حديد 17 حديد	\$142 KUT BIL 14/2)	man enuty) io)L CECH MORICONAL 20				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5) - 100 = /50 = (round up to a whole number) x											
ATUED EEE/S											
	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
1	•	•		e under 37 CFR 1	.20(d)		130				
<u> ن</u>	7										
SUBMITTED BY	///	M/n		Registration No.		Tolers	1000 man 004 404P				
Signature C	Began	LERK-		(Attorney/Agent)	33,179	Telepin	10/10 (310) 984-4815				

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is satimated to take 30 minutes to complete including eathering, preparing, and submitting the completed explication form to the USPTO. Time will vary depending upon the included case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Child Information Officer, U.S. Patient and Tradensark Office, U.S. Department of Commission, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 3/30 ° RCVD AT 12/28/2005 12:19:09 PM (Eastern Standard Time) * SVR:USPTO-EFXRF-4/30 ° DNIS;2738/300 ° CSID:310 984 0842 ° DURATION (mm-es):09-28

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